Telephone Wor

REPORT OF RECEIPTS AND DISBURSEMENT Judicial Election

ampaign Finance Secretary of State

PATESTAMP

Home 60

Email Address Contact Name

Office Sought Check here if above is different from previous report

_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory

October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).......Mandatory

October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)......Mandatory

November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates

January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).......Mandatory

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized =

This Period

Calendar Year-To-Date

Total amount of contributions

Total amount of disbursements

Total amount of cash on hand

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1, Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Each Bruce W. Burken Circuit Court Tudice
Reporting period TUV-1-2010 through Suptembri-302010

ITEMIZED RECEIPTS

TILIVIIZED RECEI	P15	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year	Amount of each
Full name Bruce Burton	71611	this period > \$ 296_/4
Mailing Address P.O Box 23/44	719110	
City, State, Zip Code Jackson, Ms 39225	7 15 10	000.00
Name of Employer (Required) Burton Law 7 rm	712910	1,000.
Occupation (Required) Attorney	Aggregate	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Buce Burton	7,30,10	
P.D. Box 23144	8127110	
Jallson Ms 39225	9/1/10	
Name of Employer (Required) Burton Law Tirm	91910	\$ 260.00
Occupation (Required) Attarnet	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Bruce Burton	9,9,10	\$ 350.00
P.O. Box 23144	9,16,10	\$ 700.00
ity, State, Zip Code Jackson, Ms 39225	9,28,10	\$ 5475.0
ame of Employer (Required) Bunton Law Firm		\$
Htorney	Aggregate year-to-date	\$20,236-14
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Broce Burton	_/_/_	\$
alling Address P.O. Box 23144		\$
y, State, Zip Code Jackson, Ms 39225		\$
me of Employer (Required) Burton Law Flrm		s
cupation (Required)	Aggregate year-to-date	\$

*	Name of Candidate or Committee Multo 45 Got Brue through SUHM	1 W. BUN UN. 31, 2010	La de de la companya dela companya dela companya dela companya de la companya dela companya de la companya dela companya de la companya dela companya de la companya dela companya de la companya dela co
	ITEMIZED DISBURSE	MENTS	Sudg
	A. Full name Parick Danie	Date (Mo., Day, Year)	Amount of each disbursement this period
	Mailing Address	7,92010	500,00
	City, State, Zip Code		\$ 75,00
	Purpose of Disbursement (Optional)	Aggregate Year-to-date	1575.00
	B. Full name B. J. J. J. J. J. J. S. J. S	Date (Mo., Day, Year)	Amount of each disbursement this period
	Mailing Address Hwy 80 West	7/5000	1514.05
	City, State, Zin Code M. M. 39204	-'-'-	<i>S</i> /
	Purpose of Disbursement (Optional) AMQUAN SIAN	Aggregate Year-to-date	51,574,05
	C. Full hame AMERTEIND	Date (Mo., Day, Year)	Amount of each disbursement this period
	Mailing Address Country Place Parkurus	130000	\$ 4,000,00
	City, State Zip Code MS 39208	82700	\$4,800.00
	Purpose of Osbursement Optional AS Amprian Ass	Aggregate Year-to-date	° X,000,00
	D. Full name AMAR Dewells/A	Date (Mo., Day, Year)	Amount of each disbursement this period
	Mailing Address Country Pack BRKUNII	910200	\$ 500,00
	City, State, Zip Code	9302010	5,475,00
5	Purpose of Disbursement (Optional)	Aggregate Year-to-date	5,975.00
	E. Full name BULLED	(Mo., Day, Year)	Amount of each disbursement this period
	Mailing Address	1 8/18/10	5 DM D

City, State, Zip Code

F. Full name

Mailing Addres

City, State, Zip Co

Purpose of Diebersement (Optional)

Purpose of Disbursement (Optional)

Amount of each

disbursement this period

Aggregate Year-to-date

Date

(Mo., Day, Year)

Aggregate Year-to-date

Name of Candidate or Committee Mitter Letter W. Bucker Circuit Cout Reporting period Supply 50/0 through Sphrituis 20/0 Suday
ITEMIZED DISBURSEMENTS

2000		
A. Full name / DMPR	Date (Mo _Y Day, Year)	Amount of each disbursement this period
Mailing Address JOS KORON FARK CIPES	8/19/2010	\$ 1000.00
City, State, Zip Code Com Nr. 39209	_/_/_	s
Purpose of Distrussement (Optional) AURTS ENONT	Aggregate Year-to-date	\$ 600,00
B. Full name QUICK PUAT	Date (Mo _y Day, Year)	Amount of each disbursement this period
Mailing Address OFE- Stack Street	827200	805.38
City, State, Zip Cade (160) M39151		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	° 805,38
C. Full name // SSA MAIV	Date (Mo _y Day, Year)	Amount of each disbursement this period
Mailing Address 587 Times Bracken Rod	83/240	5 300,00
City, State, Zip Code	_/_/_	s
Purpose of Dishursement (Optional)	Aggregate Year-to-date	300.00
D. Full flame Cainty Human Resource Again	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Box 022657	9/1/2010	350.00
City, State Zip Code MR 39225	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	350,00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S